

- nurse practitioner.

Optometry Services

We cover services by an Optometrist only when he or she finds or reasonably suspects a disease condition and refers you to a Physician for treatment of that condition. We cover your visit to an Optometrist in the same way we cover visits to Physicians performing Covered eye care.

We don't cover eyeglasses, contact lenses or any examination for the prescription, fitting or determination of need for eyeglasses or lenses unless you need them to replace the lens of the eye and the lens was not replaced at the time of surgery (see Prosthetics, page 16).

If you need lenses to replace the lens of the eye, we will cover only one pair of lenses per prescription.

Physician and Professional Services

After you read this section, please check your *Outline of Coverage* to see if your service requires Prior Approval.

Inpatient Medical Services

We cover services by a Physician or Professional Provider who sees you when you are an Inpatient in a Hospital or Skilled Nursing Facility. In a General Hospital, these services may include:

- Surgery (see below);
- services of an assistant surgeon when necessary;

- anesthesia services for Covered procedures;
- intensive care; or
- other specialty care when you need it.

Notes on Surgery:

You must get Prior Approval for plastic/Cosmetic or Reconstructive Surgery or your care will not be covered. (See page 8.)

Please note that Surgery benefits include Reconstructive Surgery that is not just plastic/Cosmetic. (Please see the definitions of Reconstructive and Cosmetic.) For example, we cover:

- reconstruction of a breast after breast Surgery;
- Surgery and Reconstruction of the other breast to produce a symmetrical appearance; and
- prostheses (which we cover under "Medical Equipment and Supplies" on page 15) and treatment of physical complications resulting from breast Surgery.

We cover sterilization procedures even though they are not Medically Necessary.

We limit Surgery benefits as follows:

- We cover only one attempt at reversal of sterilization.
- We make global payments for some surgeries and other procedures. This means that we pay your Professional Provider one payment for all office visits and other care that is related to the Surgery.
- We may limit the number of visits we cover by the same Provider in the same day.
- If you have several surgeries at the same time, we may not pay a full allowance for

each one. If you have questions about the way we determine our Allowed Price for Surgery, please call customer service at the number on the back of your I.D. Card.

- We exclude many types of Cosmetic Surgery (see exclusions in Chapter Three).

Note:

You will find a description of benefits for services by some Physicians, Professionals and Other Providers in other sections of this Certificate. For example, Mental Health Providers' services appear in the "Mental Health Care" section. Limitations may apply, so please read each section of this booklet carefully.

Office Visits

You pay a Visit Fee each time you have an office visit. (See page 6.) This office visit benefit covers:

- visits to a Physician's office for routine or preventive care;
- a Physician's visit to your home or skilled nursing facility;
- emergency room Physician;
- allergy injections;
- consultations;
- second opinions;
- covered immunizations;
- Well-baby and Well-child care; and
- approved outpatient mental health and substance abuse visits to Network Providers (see page 17 for Mental Health Care guidelines or page 22 for Substance Abuse treatment guidelines).

Examples of care for which you must pay Deductible and Coinsurance instead of your Visit Fee include:

- Diagnostic Services performed during an office visit (X-rays, labs, etc.);
- injections other than immunizations and allergy shots;
- outpatient surgery (see the next section);
- chemotherapy and infusion therapy (see page 22 for coverage); and
- prenatal and postnatal visits, and preoperative and postoperative visits, which fall under the global fee we pay Providers for your delivery or surgery.

We do not cover:

- bulk immunizations (those provided to a group of people) unless you get Prior Approval; or
- immunizations mandated by law to be provided by an employer.

Please also refer to general exclusions in Chapter Three.

Outpatient Medical Services

We cover care you receive from a Physician or Professional when you are not in the hospital.

These visits include:

- Surgery (see notes on page 18);
- services of an assistant surgeon when necessary;
- anesthesia services for Covered procedures.

Note:

You will find a description of benefits for services by some Physicians, Professionals and Other Providers in other sections of this Certificate. For example, mental health Providers' services appear in the Mental Health Care section. Limitations may apply, so please read each section of this booklet carefully.

City of Burlington Benefits Rider

Your *Certificate of Coverage* is amended as described in this document. This Rider becomes a part of your Certificate of Coverage, and is subject to all provisions of your Contract.

submit a claim to your human resources department.

I. Covered Services

The Physicians' (and other Professionals') Services section of Chapter Two in your Certificate is hereby amended by adding the following language:

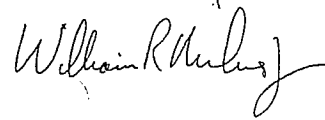
Acupuncture

We pay benefits for acupuncture performed by an approved provider that is on a list of acupuncturists maintained by the City of Burlington. We do not have participating provider contracts with acupuncturists, so you may be required to pay for services up front and then submit a claim for reimbursement. To receive benefits for acupuncture services, you

II. Exclusions

Exclusion number 10 in Chapter Three is hereby amended to read as follows:

10. Acupressure or massage therapy; hypnotherapy, rolfing, homeopathic remedies.



William R. Milnes, Jr.
President